SOUTH DAKOTA DEPARTMENT OF HEALTH

This call is not intended for the press or for reporting purposes.

SOUTH DAKOTA DEPARTMENT OF HEALTH

COVID Vaccine Data Information

- CDC COVID Data Tracker — CDC has launched a new COVID-19 Data Tracker module that includes state-specific vaccine administration information for the federal Pharmacy Partnership for Long-Term Care program. To date, more than 2 million long-term care facility (LTCF) residents and staff have received their first dose of COVID-19 vaccine. Stay up to date on the progress of this program. Including:

- Total number of COVID-19 vaccine doses administered in LTCFs
- Total number of people with one or more doses in LTCFs
- Total number of people with two doses in LTCFs
- Total number of residents vaccinated (one or more doses, two doses) in each state
- Total number of staff vaccinated (one or more doses, two doses) in each state
- This page includes an interactive U.S. map and data are updated daily. Bookmark this page to follow the progress of the program.

Click Here for webpage

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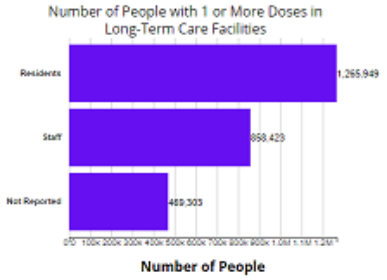
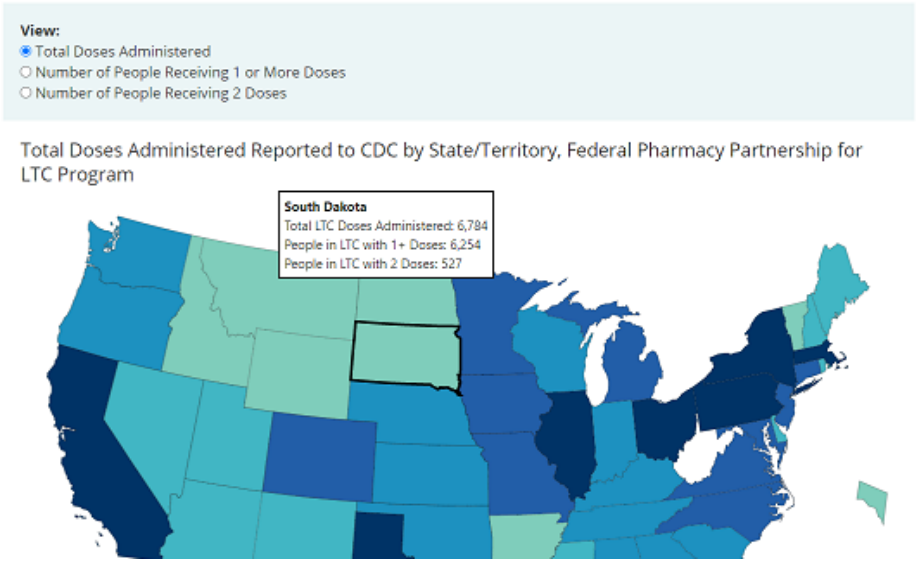
COVID Vaccine Data Information





[Click Here for webpage]

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Continue all COVID-19 infection prevention measures during vaccination phases!

- Masking/wearing PPE at work
- Frequent hand washing
- Social distancing

- FAQ about COVID-19 Vaccination:

https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/faqs.html

Infection Prevention Resources from NETEC

NETEC

Protect Your Skin this Winter

The best offense is a good defense, especially when protecting your skin this winter. While frequent hand hygiene prevents infection, the dry, cracked skin it may leave behind makes it easy for bacteria to enter. Good skin care provides a strong offense when wearing a mask and practicing frequent hand hygiene.

HAND CARE

Wash and Moisturize Frequently

- Wash with soap and water, then dry hands.
- Apply petroleum-based, fragrance and dye-free cream or lotion while hands are damp.
- If using sanitizer, let it dry before moisturizing.

Treat Irritated Skin

- If skin is dry or cracked, apply skin protectants, then cover with a bandage or dressing.
- If irritation persists, see your doctor.

FACIAL CARE

Moisturize Frequently

- Use non-petroleum cream or ointment and wear sunscreen with SPF 30 or higher.
- Use non-petroleum lip protection and refrain from licking lips.

Take Care of Mask or Face Cover

- Wash frequently and keep a spare available.
- Use mask extenders to prevent irritation on the backs of ears.
- If the mask or face cover is moist, place in a paper bag, leaving bag open to allow moisture to evaporate.

GENERAL GUIDELINES

- Avoid getting petroleum-based products on masks because these products may interfere with protection, restrict air flow, trap moisture, and leave you with a soggy mask.
- Drink plenty of fluids to keep skin hydrated, which helps prevent irritation from frequent hand hygiene, dry air, and the elements.
- Take drink breaks when wearing a mask or face cover for extended periods.

https://netec.org/wp-content/uploads/2021/01/A4_1_3_Protect-Your-Skin-this-Winter_FINAL.pdf

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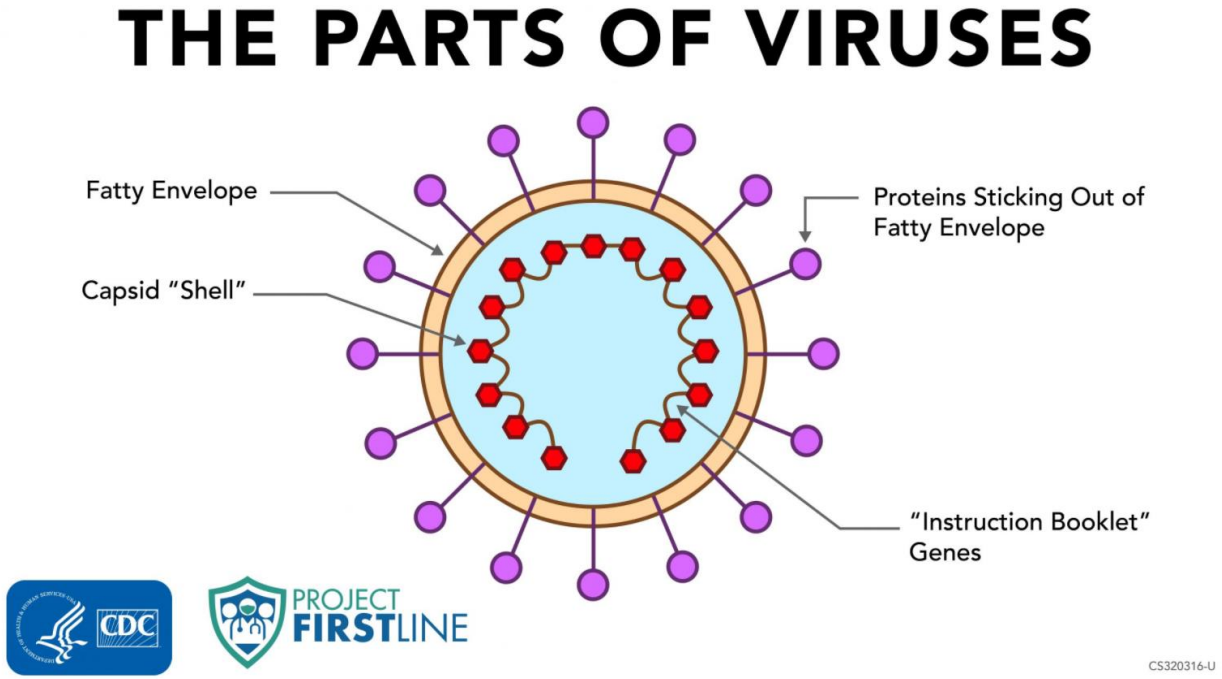
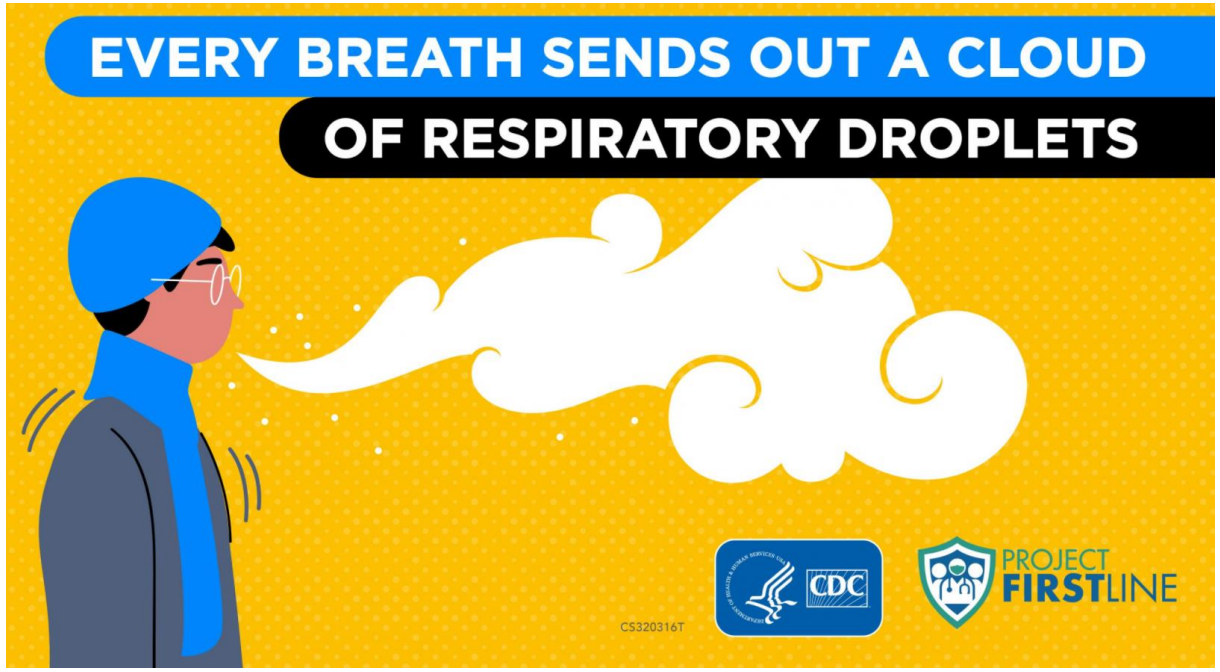
CDC Project Firstline





https://www.cdc.gov/infectioncontrol/projectfirstline/resources.html

Laboratory Guidance

SOUTH DAKOTA DEPARTMENT OF HEALTH

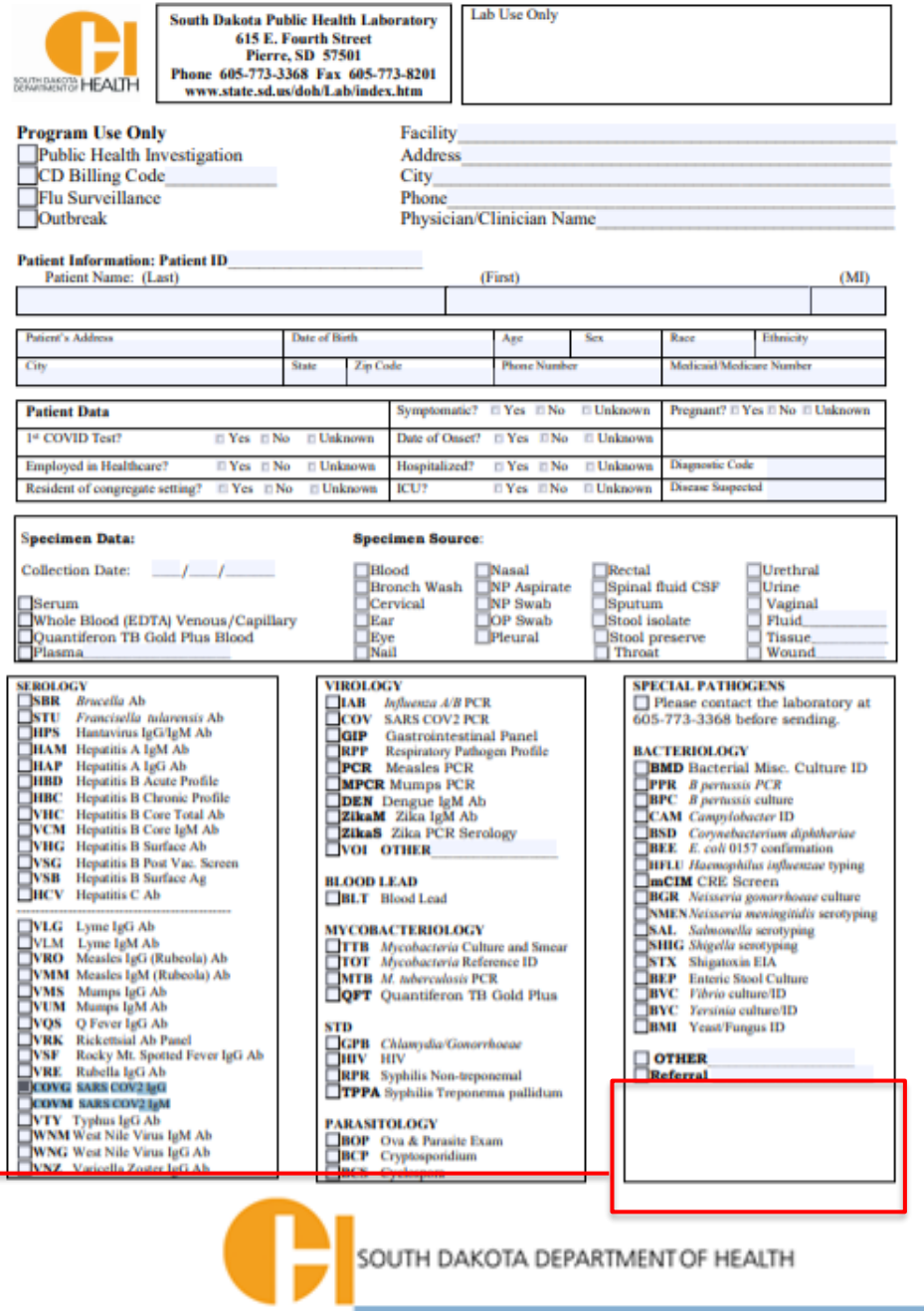
Specimen Collection Supply Availability

- SDPHL maintains significant stocks of supplies used for the collection of the following specimens:
  - Nasal swab
  - Nasopharyngeal swab
  - Oropharyngeal swab
  - Sputum

- Free available supplies include a variety of swab types (flocked, foam, etc.) and Remel M4RT medium (without beads)
- Requests for specimen collection supplies can be submitted to the following
  - Laurie.Gregg@state.sd.us
  - Tim.Southern@state.sd.us

COVID-19 Antibody Testing Reminders…

- SDPHL now offers COVID-19 antibody testing. Criteria are as follows:
  - Tests: IgM; IgG
  - Acceptable Specimen Types: Serum or plasma
  - Required Specimen Volume: Minimum 1.5 ml
  - Test Results: Positive; Negative
  - Turn-Around Time: 48-72 hours
  - Cost: Free while federal funds are available
- Please indicate COVID-19 vaccination status when ordering COVM and/or COVG including most recent vaccination data (if available).



South Dakota Public Health Laboratory
615 E. Fourth Street
Pierre, SD 57501
Phone 605-773-3368 Fax 605-773-8201
www.state.sd.us/doh/Lab/index.htm

Lab Use Only

Program Use Only
- Public Health Investigation
- CD Billing Code
- Flu Surveillance
- Outbreak

Facility
Address
City
Phone
Physician/Clinician Name

Patient Information: Patient ID
Patient Name: (Last) (First) (MI)

Patient's Address | Date of Birth | Age | Sex | Race | Ethnicity
City | State | Zip Code | Phone Number | Medicaid/Medicare Number

Patient Data
1st COVID Test? Yes No Unknown
Employed in Healthcare? Yes No Unknown
Resident of congregate setting? Yes No Unknown
Symptomatic? Yes No Unknown
Date of Onset? Yes No Unknown
Hospitalized? Yes No Unknown
ICU? Yes No Unknown
Pregnant? Yes No Unknown
Diagnostic Code
Disease Suspected

Specimen Data:
Collection Date: ___/___/_____
- Serum
- Whole Blood (EDTA) Venous/Capillary
- Quantiferon TB Gold Plus Blood
- Plasma

Specimen Source:
- Blood
- Bronch Wash
- Cervical
- Ear
- Eye
- Nail
- Nasal
- NP Aspirate
- NP Swab
- OP Swab
- Pleural
- Rectal
- Spinal fluid CSF
- Sputum
- Stool isolate
- Stool preserve
- Throat
- Urethral
- Urine
- Vaginal
- Fluid
- Tissue
- Wound

SEROLOGY
- SBR *Brucella* Ab
- STU *Francisella tularensis* Ab
- HPS Hantavirus IgG/IgM Ab
- HAM Hepatitis A IgM Ab
- HAP Hepatitis A IgG Ab
- HBD Hepatitis B Acute Profile
- HBC Hepatitis B Chronic Profile
- VHC Hepatitis B Core Total Ab
- VCM Hepatitis B Core IgM Ab
- VHG Hepatitis B Surface Ab
- VSG Hepatitis B Post Vac. Screen
- VSB Hepatitis B Surface Ag
- HCV Hepatitis C Ab
- VLG Lyme IgG Ab
- VLM Lyme IgM Ab
- VRO Measles IgG (Rubeola) Ab
- VMM Measles IgM (Rubeola) Ab
- VMS Mumps IgG Ab
- VUM Mumps IgM Ab
- VQS Q Fever IgG Ab
- VRK Rickettsial Ab Panel
- VSF Rocky Mt. Spotted Fever IgG Ab
- VRE Rubella IgG Ab
- COVG SARS COV2 IgG
- COVM SARS COV2 IgM
- VTY Typhus IgG Ab
- WNM West Nile Virus IgM Ab
- WNG West Nile Virus IgG Ab
- VNZ Varicella Zoster IgG Ab

VIROLOGY
- IAB *Influenza A/B* PCR
- COV SARS COV2 PCR
- GIP Gastrointestinal Panel
- RPP Respiratory Pathogen Profile
- PCR Measles PCR
- MPCR Mumps PCR
- DEN Dengue IgM Ab
- ZikaM Zika IgM Ab
- ZikaS Zika PCR Serology
- VOI OTHER

BLOOD LEAD
- BLT Blood Lead

MYCOBACTERIOLOGY
- TTB *Mycobacteria* Culture and Smear
- TOT *Mycobacteria* Reference ID
- MTB *M. tuberculosis* PCR
- QFT Quantiferon TB Gold Plus

STD
- GPB *Chlamydia/Gonorrhoeae*
- HIV HIV
- RPR Syphilis Non-treponemal
- TPPA Syphilis Treponema pallidum

PARASITOLOGY
- BOP Ova & Parasite Exam
- BCP Cryptosporidium
- BCS Cyclospora

SPECIAL PATHOGENS
- Please contact the laboratory at 605-773-3368 before sending.

BACTERIOLOGY
- BMD Bacterial Misc. Culture ID
- PPR *B pertussis PCR*
- BPC *B pertussis* culture
- CAM *Campylobacter* ID
- BSD *Corynebacterium diphtheriae*
- BEE *E. coli* 0157 confirmation
- HFLU *Haemophilus influenzae* typing
- mCIM CRE Screen
- BGR *Neisseria gonorrhoeae* culture
- NMEN *Neisseria meningitidis* serotyping
- SAL *Salmonella* serotyping
- SHIG *Shigella* serotyping
- STX Shigatoxin EIA
- BEP Enteric Stool Culture
- BVC *Vibrio* culture/ID
- BYC *Yersinia* culture/ID
- BMI Yeast/Fungus ID
- OTHER
- Referral

SOUTH DAKOTA DEPARTMENT OF HEALTH

Tuberculosis Screening and COVID-19

On January 7, CDC issued a "Dear Colleague Letter" that outlines processes for IGRA and TST for patients that may also receive a COVID mRNA vaccine.

- There are no data to inform the impact of the COVID-19 mRNA vaccines on either the tuberculin skin test (TST) or the interferon gamma release assay (IGRA). **There is no immunologic reason to believe that a TST or blood draw for IGRA will impact the effectiveness of COVID-19 mRNA vaccines.**
- According to the Vaccine Recommendations and Guidelines of the Advisory Committee on Immunization Practices (ACIP), inactive vaccines do not interfere with TB test results. Vaccination with live viruses (such as the MMR vaccine) can cause mild immune system suppression, and may reduce the reactivity of the TST, possibly causing a false-negative reaction.
- Although the COVID-19 mRNA vaccine is not a live virus vaccine, not enough is yet known of the potential impact of mRNA vaccines on immune responses to say conclusively whether the COVID-19 mRNA vaccine could have a potential effect on TST or IGRA test results during the first 4 weeks after COVID-19 vaccination.

Tuberculosis Screening and COVID-19

For healthcare personnel who require baseline TB testing at the same time they are to receive a COVID-19 mRNA vaccine, CDC recommends:

- Perform TB symptom screening on all healthcare personnel or patients.
- If using IGRA, draw blood prior to COVID-19 mRNA vaccination.
- If using TST, place prior to COVID-19 mRNA vaccination.
- If COVID-19 mRNA vaccination has already occurred, defer TST or IGRA until 4 weeks after completion of 2-dose COVID-19 mRNA vaccination.

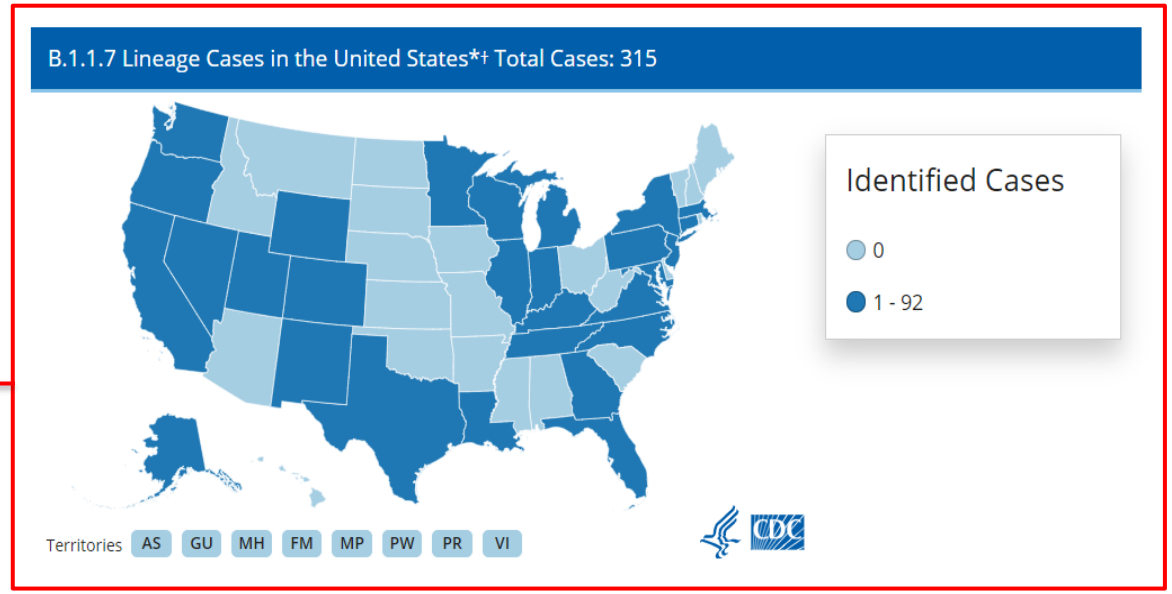
Tuberculosis Screening and COVID-19

For healthcare personnel who require testing for other reasons, CDC recommends:

- Perform TB symptom screening on all healthcare personnel.
- Test for TB infection before or during the same visit as COVID-19 mRNA vaccination. If this is not possible, prioritization of testing for TB infection needs to be weighed with the importance of receiving COVID-19 mRNA vaccination based on potential COVID-19 exposures and TB risk factors.
- Healthcare personnel with high-risk conditions for TB progression should be fully evaluated as soon as possible.
- Healthcare personnel without high-risk conditions for TB progression should proceed with symptom screening, chest radiograph or other imaging, specimen for microbiologic evaluation, but delay being tested for TB infection (with either TST or IGRA) if prioritized for receiving COVID-19 mRNA vaccination.

SARS-CoV-2 Variant Surveillance

- Laboratories across the country are increasing capacity to perform SARS-CoV-2 genomic surveillance.
- Surveillance activities are currently directed at known variants such as:
  - B.1.1.7: UK variant
  - 1.351: South African variant
  - P.1: Brazil variant
- Surveillance activities are also used to detect potential new variants.



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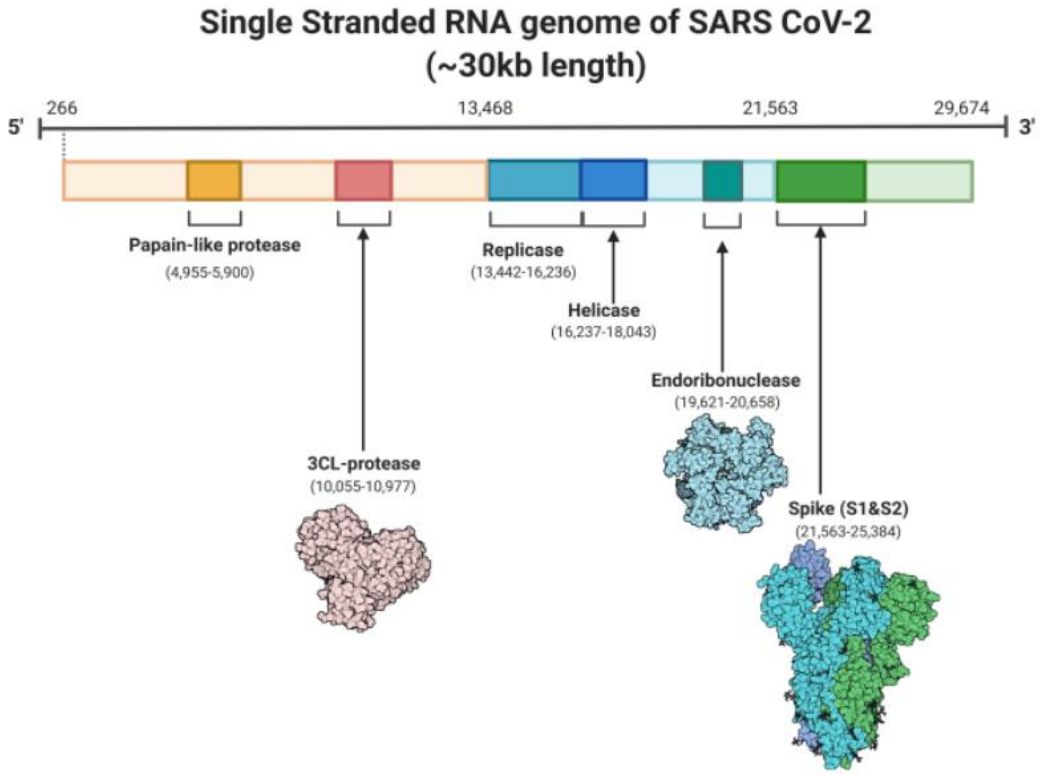
SARS-CoV-2 Variant Surveillance

- SARS-CoV-2 sequencing has already revealed a variety of mutations that impact critical viral proteins and their ability to infect cells in the human body.

- Sequencing and additional research with SARS-CoV-2 variants will help us understand:
  - How widely variants may be spreading
  - How disease caused by variants may be different compared to viruses currently in circulation
  - How variants may affect existing therapies and vaccines



Cascella M, Rajnik M, Cuomo A, et al. Features, Evaluation, and Treatment of Coronavirus. Available from: https://www.ncbi.nlm.nih.gov/books/NBK554776/figure/article-52171.image.f5/

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SARS-CoV-2 Variant Surveillance

- The South Dakota Public Health Laboratory is participating in state, regional, and national SARS-CoV-2 genome sequencing initiatives. The high-level goal of these initiatives is to ensure genomic surveillance of SARS-CoV-2 circulating in South Dakota.

- SDPHL will provide all packaging and shipping supplies to participating clinical laboratories. The SDPHL courier can be used to ship specimens to the public health laboratory in Pierre.

- SDPHL is asking that participating clinical laboratories submit eight (8) SARS-CoV-2-positive specimens each week to the public health laboratory in Pierre.

SARS-CoV-2 Variant Surveillance

- Specimen Source: Recently collected specimen that is SARS-CoV-2-positive
- Specimen Medium: Viral transport medium
- Preferred Specimen: Specimens tested by RT-PCR and whose CT values are ≤28
- Acceptable Specimens: Specimens from another molecular testing platform
- Additional Requirements:
  - Viral Ct value (if specimen was tested by RT-PCR)
  - Host control Ct value (if specimen was tested by RT-PCR)
  - Sample collection date
  - Patient country, state, county (as applicable)
  - Race/ethnicity
  - Age in years
  - Gender
  - Travel history, if any, during 14 days prior to onset of illness
  - Hospitalized (yes/no/unknown)
  - Death (yes/no/unknown)